KANSAS SEED LAW REGISTRATION APPLICATION

PLEASE TYPE or PRINT THIS FORM AND RETURN IT TO:

Transaction#

SNW _____

Kansas Department of Agriculture

Plant Protection and Weed Control Program

1320 Research Park Drive

Telephone: 785-564-6698

FAX: 785-564-6779

Email: KDA.PPWC@ks.gov

| Manhattan, Kansas 6 | 6502 | | | | |
|---|---|--|---|--|---|
| the Secretary of A licensing and feed licensing and feed licensing age age. Person selling age Person selling as Seed conditioners. Note that I was a licensistic provide all informate Legal Name: DBA Name, if applic Address: | gricultural seed to any ricultural seed to the both a retailer and wl s are required to regist lew Registration | selling horticulture set person other than the end user are required nolesaler are required ter with the Kansas D Renewal | eed such as vegetable e end user are require to obtain a retail regi to register as both a epartment of Agricult New Re | or flower seed ared to obtain a who stration. retailer and whole ture. No fees requestion Type | e exempt from plesale registration. esaler. uired for registration. — |
| Phone: | | FAX: | | | |
| | | FEIN: | | | |
| | If | f no FEIN, use Social | Security Number | | |
| Locations from which | ch seed will be sold | | | | |
| List all locations fron | n which seed will be | sold. Each location m | nust have its own Reg | sistration or Regis | strations. |
| Name | Address | City, State, Zip | City, State, Zip Phone Registration | | ype (check all that pply) |
| | | | | ☐ Retailer ☐ Wholesaler | ☐ Combined ☐ Conditioner |
| Seed Types Sold (Check all that apply) □ Spring-planted Crop Seed □ Wildlife Food Plot and the species □ Fall-planted Crop Seed □ Native Species □ Cover Crop Seed □ Grass Seed | | | Seed ☐ Milo and/or Cotton☐ Sell by order only (Do not store seed onsite) | | |
| Registration Fee The following fees w | ill apply for each loca | ation listed: | | | |
| Number of wholesale Number of retailer re | registrations gistrations registrations | _ x \$250 = \$ _ x \$ 30 = \$ | Seed Conditioner Payment must be submitted with | | |
| Make your check or | money order payab | ole to: Kansas Depar | rtment of Agricultu | re | |
| By signing and subm | itting this application I supporting regulation | , I agree to submit the | e appropriate fee and | comply with the | |
| Applicant Signature | | | Date | | |
| Printed Applicant Name | | | Title | | |

ID#

SNC ____

Ck/CC#

SNR ____